

ISSUE SLIP STAMP AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	N	704	26-9-99
O.I.P.E. CLASSIFIER		59	6/9
FORMALITY REVIEW	N.M.	7162P	6-8-99

INDEX OF CLAIMS

☒ ..... Rejected  
☐ ..... Allowed  
☐ ..... (Through numeral) Canceled  
☐ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here